



## SUPPLIER REGISTRATION

**PURPOSE:** This form is completed by suppliers interested in doing business with the New York State Thruway Authority/Canal Corporation (Authority/Corporation).

**INSTRUCTIONS:**

- All suppliers must complete Sections I and III.
- Suppliers not already registered in iSupplier (the Authority's web-based purchasing system) must also complete Section II.
- See page 2 for additional information.
- Submit completed form along with a completed IRS form W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION via fax to (518) 436-3011 or mail to the above address.
- Registration questions may be addressed to Supplier Management at [suppliermgmt@thruway.state.ny.us](mailto:suppliermgmt@thruway.state.ny.us) or at (518) 433-4990.

### Section I SUPPLIER INFORMATION

Supplier Name/DBA		Taxpayer Identification Number (EIN or SSN)	
Alternative Names (if applicable)			
Organization: Is this organization any of the following? (Check all that apply)  <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-profit (exempt per IRS rules) <input type="checkbox"/> Limited Liability Partnership	Certification: Is this company certified with New York State as either of the following?  <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women's Business Enterprise (WBE)	Services: Does this company provide services? <input type="checkbox"/> Yes. If "Yes", check type(s) below. <input type="checkbox"/> No  <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Rents <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Non-employee compensation _____	

### Section II SUPPLIER ADDRESS SITES

Complete this section if you are not already registered on-line in iSupplier. Attach additional sheets if necessary.

This address and contact information should be used for (check all that apply):  Purchase orders     Payments     Tax Reporting

Address	Contact Name	
	Contact Title or Department	
Phone No. (    )    -	Fax No. (    )    -	Contact E-mail Address

This address and contact information should be used for (check all that apply):  Purchase orders     Payments     Tax Reporting

Address	Contact Name	
	Contact Title or Department	
Phone No. (    )    -	Fax No. (    )    -	Contact E-mail Address

### Section III SUPPLIER AUTHORIZATION

Authorized Company Representative Name (Please Print)	Company Representative Title
Authorized Company Representative Signature	Date

**Notification Required Under Personal Privacy Protection Law**  
 The information that you are providing in this form is being requested for the principal purpose of keeping a record of supplier information used for processing payments. This information is being requested pursuant to the New York State Public Authorities Law as well as the New York State and Federal tax laws (see New York State Tax Law §26 USC §6041). Failure to provide this information may result in a delay of payment processing. This information will be used in accordance with Section 96(1) of the Personal Privacy Law, particularly subdivisions (b), (e) and (f). This information is being requested by the Department of Finance & Accounts and will be maintained in the Authority's financial system. This information will be maintained by the Director of Accounting & Disbursements, 200 Southern Blvd., Albany, NY 12209-2098, (518) 433-4990.

### FOR OFFICE USE ONLY

Classification:  <input type="checkbox"/> MBE <input type="checkbox"/> WBE	Tax Reporting: <input type="checkbox"/> Yes <input type="checkbox"/> No  Type _____ Misc. Code _____	Supplier Number:  Entered _____ Date _____
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Supplier Name/DBA - The name that will be used to conduct business with the Authority/Corporation. This name will be used on purchase orders, contracts and for payments.

Alternative Names - Any other names under which a supplier may be operating or used when billing the Authority/Corporation.

Taxpayer Identification Number (TIN) - Corporations must enter their Employer Identification Number (EIN). If the Supplier does not have a Federal Identification Number, the Social Security Number (SSN) of the principal of the firm should be entered.

Organization - If the supplier is a Governmental Agency, Non-profit or Limited Liability Partnership LLP, select the organization type that applies. All other organization types for tax reporting purposes can be found on the W-9.

Certification - Check the box that applies only if the supplier is currently a New York State Certified "M/WBE" (Minority and Women-Owned Business Enterprise). If you are not a New York State Certified "M/WBE" and would like information on how to become certified, contact the Empire State Development, Division of Minority and Women-Owned Business Development at (800) 782-8369 or visit [www.nylovesmwbe.ny.gov](http://www.nylovesmwbe.ny.gov).

Services - If the supplier provides services for the Authority/Corporation, check the boxes for the types of services that apply. Tax reporting may be required if a supplier provides services for the Authority/Corporation.

Section II - Supplier Address Sites - Suppliers who are not already registered in iSupplier should provide an address and contact information where Purchase Orders and all other correspondence should be sent and a Remittance Address to which payments should be sent.